



# YOCHA DEHE WINTUN NATION

P.O. Box 18 • Brooks, California 95606  
Telephone 530.796.3400  
Fax 530.796.2143

## EMPLOYMENT APPLICATION

Date of Application \_\_\_\_\_

Full Name (First, Middle, Last) \_\_\_\_\_

All Other Names Used (Oral or Written, including Maiden Name and Nicknames)  
\_\_\_\_\_

Address \_\_\_\_\_ City, State & Zip \_\_\_\_\_

Home Phone ( ) \_\_\_\_\_ Other Phone(s) ( ) \_\_\_\_\_

Email Address \_\_\_\_\_

Do you have a valid driver's license? Yes  No  State \_\_\_\_\_ License # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Are you at least 18 years of age? Yes  No  (If under 18, hire is subject to verification that you are of minimum legal age.)

If hired can you present evidence of your U.S. Citizenship or proof of your legal right to live and work in this country? Yes  No

Have you ever been convicted of a felony (excluding any sealed or expunged conviction(s))\*? Yes  No

\*No applicant will be denied employment solely on the grounds of a conviction of a criminal offense. The nature of the offense, the date of the offense, the surrounding circumstances and the relevance of the offense to the position(s) applied for may, however, be considered.

If Yes, provide an explanation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever applied to, or worked for, Yocha Dehe Wintun Nation or Cache Creek Casino Resort?  Yes  No

Yes If you have, provide approximate date(s) and details \_\_\_\_\_  
\_\_\_\_\_

Do you have any friends or relatives working for Yocha Dehe Wintun Nation or Cache Creek Casino Resort? Yes  If you do,  No

state their name(s) and relationship(s) to you \_\_\_\_\_

What position are you applying for? \_\_\_\_\_

How did you hear about this position? \_\_\_\_\_

If part time, hours per week desired \_\_\_\_\_ Days of week available \_\_\_\_\_

Availability (please check all that apply): Occasional Overtime  Evenings  Weekends

If hired, on what date could you start work? \_\_\_\_\_

State briefly why you would like to work for Yocha Wintun Nation \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you able to perform the essential functions of the job with or without reasonable accommodations? Yes  No

If not, what type of accommodation would enable you to perform the job? \_\_\_\_\_  
\_\_\_\_\_

**PREVIOUS ADDRESS**

Beginning with your most recent address, list all your residences within the past five (5) years.

Dates (From – To)	Number, Street & Apt. #	City, State & Zip
Dates (From – To)	Number, Street & Apt. #	City, State & Zip
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Dates (From – To)	Number, Street & Apt. #	City, State & Zip

**PROFESSIONAL REFERENCES**

List the names of five professional references whom we may contact:

Name	Relationship	E-mail Address

## EDUCATION & TRAINING

Include on-the-job training

EDUCATION	NAME OF SCHOOL OR INSTITUTION / CITY / STATE	COURSE OF STUDY/DEGREE EARNED
High School		
Community College		
Trade School		
College/University		
Seminars & Certifications		

## TECHNICAL SKILLS & LEVEL OF EXPERIENCE

TECHNICAL SKILL	LEVEL OF PROFICIENCY (BEGINNER, INTERMEDIATE, EXPERT)
Hardware	
Software	
Other	

## SPECIAL SKILLS

Do you speak, write or understand any foreign language? Yes  No

If Yes, Please list the language(s): \_\_\_\_\_

Do you have any other experience, training, qualifications, or skills that you believe make you especially suited for this position? If so, explain in detail \_\_\_\_\_

List applicable licenses or certifications \_\_\_\_\_

**EMPLOYMENT HISTORY**

Name of Company \_\_\_\_\_

Name of Supervisor(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates of Employment From / / To / /

Position & Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

Name of Company \_\_\_\_\_

Name of Supervisor(s) \_\_\_\_\_

Address \_\_\_\_\_

Telephone Number \_\_\_\_\_ Dates of Employment From / / To / /

Position & Duties \_\_\_\_\_

\_\_\_\_\_

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Telephone Number \_\_\_\_\_ Dates of Employment From / / To / /

Position & Duties \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Reason for Leaving \_\_\_\_\_

**Carefully read and then initial each item below. If there are any items you do not understand, ask the interviewer about it before signing the certification.**

\_\_\_\_\_(Initial) I hereby certify that I have not knowingly withheld any information that might adversely affect my chances for employment and that the answers given by me are true and correct to the best of my knowledge. I further certify that I, the undersigned applicant, have personally completed this application. I understand that any omission or misstatement on this application or on any documents used to secure employment shall be grounds for rejection of this application or for immediate discharge if I am employed, regardless of the time elapsed before discovery.

\_\_\_\_\_(Initial) I hereby authorize Yocha Dehe Wintun Nation (hereinafter "the Tribe") to thoroughly investigate my references, work records, education and other matters related to my suitability for employment, and further authorize my current and former employers to disclose to the Tribe any and all letters, reports and other information pertaining to my employment with them, without giving me prior notice of such disclosure. In addition, I hereby release the Tribe, my current and former employers, and all other persons, corporations, partnerships and associations from any and all claims, demands or liabilities arising out of or in any way related to such investigation or disclosure.

\_\_\_\_\_(Initial) I understand that, if offered employment, the offer is contingent on my passing a pre-employment alcohol and drug screen and a pre-employment physical. By signing this application, I voluntarily agree to submit to a pre-employment alcohol/drug screen and pre-employment physical upon receipt of a verbal offer of employment. I understand that failure to pass the alcohol/drug screen and/or physical will result in withdrawal of the employment offer.

\_\_\_\_\_(Initial) If hired, I also agree to submit to alcohol or drug testing as a condition of employment. I agree that the Tribe may conduct alcohol or drug screening at its sole discretion, with or without notice, with or without cause or reason. I also understand that refusal to submit to a random alcohol/drug screen will be considered a voluntary resignation of employment.

\_\_\_\_\_(Initial) I understand that nothing contained in this application or conveyed to me during any interview, which may be granted, is intended to create an employment contract, implied or explicit, between me and the Tribe. In addition, I understand and agree that if I am employed, my employment relationship with the Tribe is strictly voluntary and at our mutual will. I understand that, if employed, my employment is for no definite period and may be terminated at any time, with or without prior notice, and that no promises or representations contrary to the foregoing are binding on the Tribe unless made in writing and signed jointly by the Tribal council and myself.

\_\_\_\_\_(Initial) I understand that, if offered employment, I will, as a condition of employment be required to submit proof of my identity and legal right to work in the United States on my first day of employment.

\_\_\_\_\_(Initial) If the position applied for requires driving in the course of work, I understand that I will be required to possess a current and valid California driver's license, and understand that I will be required to provide a copy of my official driving record and proof of insurance. I also understand that any offer of employment is contingent on my ability to be covered by the Tribe's auto insurance, if required for my position.

**My signature below certifies that I have read and understand every line item in this document, and agree to the terms and conditions outlined in this document.**

\_\_\_\_\_ Date

\_\_\_\_\_ Applicant's signature



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## PRIVACY ACT OF 1974

In compliance with the Privacy Act of 1974, the following information is provided:

Solicitation of the information on this form is authorized by 25 U.S.C. 2701, et seq. The purpose of the requested information is to determine the eligibility of individuals to be employed in a gaming operation. The information will be used by National Indian Gaming Commission members and staff who have need for the information in the performance of their official duties. The information may be disclosed to appropriate Federal, Tribal, State, local, or foreign law enforcement and regulatory agencies when relevant to civil, criminal or regulatory investigations or prosecutions or when pursuant to a requirement by a Tribe or the National Indian Gaming Commission in connection with the hiring or firing of an employee, the issuance or revocation of a gaming license, or investigations of activities while associated with a Tribe or a gaming operation. Failure to consent to the disclosures indicated in this notice will result in a Tribe's being unable to hire you in a primary management official or key employee position.

The disclosure of your Social Security Number (SSN) is voluntary. However, failure to supply a SSN may result in errors in processing your application.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature

### FINGERPRINT AUTHORIZATION

I understand that I must have my fingerprints taken by the Yocha Dehe Wintun Nation Tribal Gaming Agency. I also understand that these prints will be submitted to the F.B.I. and/or the California Department of Justice for the purposes of conducting an investigation into my background.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's signature



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**RELEASE AUTHORIZATION**

**TO:** ALL COURTS, PROBATION DEPARTMENTS, SELECTIVE SERVICE BOARDS, BANKS, EMPLOYERS, PAST EMPLOYERS, EDUCATIONAL INSTITUTIONS, AND ALL GOVERNMENTAL AGENCIES – FEDERAL, STATE AND LOCAL – WITHOUT EXCEPTION

I, \_\_\_\_\_, have authorized the Yocha Dehe Wintun Nation, its Tribal Gaming Agency, and their agents and/or employees to conduct a full investigation into my background.

Therefore, you are hereby authorized to release any and all information pertaining to me, documentary or otherwise, as requested by authorized employee or agent of the Yocha Dehe Wintun Nation Tribal Gaming Agency. This authorization shall supersede and countermand any prior requests or any authorization to the contrary.

This authorization also releases you from any type of action for releasing this information to the Yocha Dehe Wintun Nation Tribal Gaming Agency.

A photostat copy of this authorization shall be considered as effective and valid as the original.

\_\_\_\_\_  
Applicant's Name (Please Print)

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Date

**Please return completed Employment Application to:**  
Yocha Dehe Wintun Nation  
Attention: Human Resources  
P.O. Box 18  
Brooks, CA 95606  
OR  
recruitment@yochadehe-nsn.gov